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\*\* CONTINUING DATA \*\*\*\*\* *KB*

NONE

\*\* FOREIGN APPLICATIONS \*\*\*\*\* *KB*

NONE

IF REQUIRED, FOREIGN FILING LICENSE GRANTED \*\*  
 11/03/1999

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY GA	SHEETS DRAWING 6	TOTAL CLAIMS 25	INDEPENDENT CLAIMS 6
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged <i>KB</i> Examiner's Signature Initials				

## ADDRESS

38516

## TITLE

SYSTEM AND METHOD FOR PROVIDING VIDEO SERVICES

FILING FEE RECEIVED 1214	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees
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